

SAMPLE WORKERS COMPENSATION WAIVER

<Contractor's name and address on company stationery>

Current Date

State of California
7080 Hollywood Blvd., Suite 900
Hollywood, CA 90028

Re: Workers Compensation

To Whom It May Concern:

Please know and mark your records to show that <Contractor's name> does not have any employees, and the owner(s) have elected not be covered by workers' compensation insurance. Because of this <Contractor's name> is not required to have workers' compensation insurance.

Should <Contractor's name> have an employee(s) in the future it will obtain workers' compensation coverage as per the California Labor Code 3700.

Sincerely,

<Name/Title of Owner, Member, Partner or Corporate Owner of the Contractor>